

JAN 13 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ralph Rhein

Serial No. 09/867,063

Filed: May 29, 2001

Title: DRY INK TRANSFER SYSTEM

Group Art Unit: 1774

Examiner: Tamra Dicus

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

A M E N D M E N T

Sir:

This amendment is in response to the office action dated December 3, 2004.

Please amend the above-identified application as indicated herein.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper. This listing replaces all prior listings and versions of claims.

Remarks/Arguments begin on page 10 of this paper.

PETER N. JANSSON*
JOHN E. MUNGER*
EDWARD R. ANTARAMIAN
RICHARD W. WHITE
JOHN W. BAIN

LARRY L. SHUPE (OF COUNSEL)

*ALSO ADMITTED IN ILLINOIS

WWW.JANLAW.COM

EMAIL: JANLAW@JANLAW.COM

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JANSSON, SHUPE & MUNGER, LTD.

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245 MAIN STREET
RACINE, WI 53403
PHONE: 262/632-6900
FAX: 262/632-2257

ILLINOIS OFFICE

207 EAST WESTMINSTER
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PHONE: 847/263-0900
FAX: 847/263-0801

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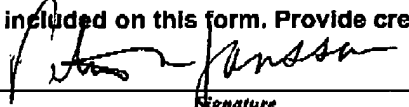
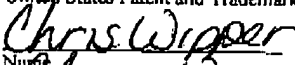
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**PLEASE DELIVER TO EXAMINER DICUS
GROUP ART UNIT 1774**

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. CLR-103US	
Applicant(s): Rhein					
Application No. 09/867,063	Filing Date 05/29/2001	Examiner Tamra Dicus	Customer No. 24314	Group Art Unit 1774	Confirmation No. 5733
Invention: Dry Ink Transfer System					
<u>COMMISSIONER FOR PATENTS:</u>				RECEIVED CENTRAL FAX CENTER JAN 13 2005	
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33 -	41 =	0	x \$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0270 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
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 Peter N. Jansson, Reg. No. 26,185 Jansson, Shupe & Munger, Ltd. 245 Main Street Racine, WI 53403 262/632-6900			Dated: January 13, 2005 CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below:  Chris Wipper Name _____ Signature _____ Date <u>1/13/05</u>		
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